**Assessment for Admission**

***This form will be used by our staff to make a preliminary assessment of whether we can help you, and of the treatment that is best suited to your needs.***

# *After you have completed it you can either post it to Mount Carmel, or bring it with you to your assessment meeting. Any parts that need clarification can be addressed at that meeting.*

**Personal Details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title (Miss, Ms, Mr, Other) |  | | | | | | | | | |
| Full Name |  | | | | | | | | | |
| Date of Birth­­­ |  | | | | | | | | | |
| Country of Birth |  | | | | | Gender at Birth |  | | | |
| How do you like to be addressed? |  | | | | | | | | | |
| Home Address: |  | | | | | | | | | |
| Category | Homeowner |  | Renting |  | Living with Friends/Family | | |  | Other |  |
| Telephone No (Including Mobile): |  | | | | | | | | | |
| Current Address:  (If different from Home Address, or a Place of Safety address) |  | | | | | | | | | |
| Referred by (eg self, care manager, GP) |  | | | | | | | | | |
| Do you have any other support agencies:  (eg probation officer, social worker) |  | | | | | | | | | |

**Please complete this form as honestly as you are able. Please note that Mount Carmel is required to act upon any safeguarding issues so please be aware when sharing any sensitive information.**

**Drinking History**

|  |  |
| --- | --- |
| Age of first drink: |  |
| Age you developed problems with alcohol: |  |
| Do you feel your drinking is out of control? |  |
| Please describe drinking pattern (amount, what type, units): |  |
| Previous treatment for all addictions (alcohol, drugs, eating etc.), including dates: |  |
| State longest period of abstinence: |  |
| Current treatment: |  |
| Date of last alcoholic drink: |  |
| What are your feelings about AA? |  |

**Drug History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drug** | | **First used** | **Last used** | **Amount/ cost per week/ day** | **Route**  **(oral / IV / sniff /other** |
| Illegal drugs: | |  |  |  |  |
| Have you ever injected drugs or shared paraphernalia to sniff drugs | |  |  |  |  |
| Over the counter medication and bought online: | |  |  |  |  |
| All prescribed medication: | |  |  |  |  |
| Tobacco: | |  |  |  |  |
| Naloxone used/given in the past (Y/N): | |  | | | |
| Are you able to manage your medication? |  | | | | |

**Physical History**

|  |  |
| --- | --- |
| Do you have a disability (Y/N)?  What is your disability? |  |
| Have you ever had any significant illness or operations? Please give details: |  |
| Are you pregnant? |  |
| Do you have any other health problems, including any related to your drinking? |  |
| Have you ever had a seizure?  When was the last one? |  |
| Do you have any known allergies such as to food/insect bites/medication etc.? |  |
| Do you have any special dietary requirements? |  |

**Mental Health**

|  |  |
| --- | --- |
| Please describe any mental health problems and treatments - give dates of admissions to hospital and date of diagnosis by GP or psychiatrist  Please supply details of your Mental Health Team or psychiatrist |  |
| Do you have any eating problems? |  |
| Have you attempted suicide or tried to harm yourself? Please give details (dates, circumstances, drugs/alcohol involvement): |  |

**Family Background**

|  |  |
| --- | --- |
| Mother’s age and occupation |  |
| If deceased, date and cause: |  |
| Attitude to your drinking: |  |
| Does/did she drink? |  |
| Please describe your relationship with your mother: |  |
| Father’s age and occupation |  |
| If deceased, date and cause: |  |
| Attitude to your drinking: |  |
| Does/did he drink? |  |
| Please describe your relationship with your father: |  |
| Are your parents still married to each other? |  |
| Brothers/sisters - name, age, addiction issues, relationship: |  |
| Is there any history of alcohol and/or drug abuse amongst your relatives? |  |
| Is there any known history of mental health problems in your family? |  |
| Marital status |  |
| Current partner’s age, first name, occupation; or last relationship |  |
| Please describe your current relationship with your partner including substance misuse problems and domestic violence |  |
| Do you have any children? State ages, sex and relationship with them.  Do your children live with you? If not, where do your children live and with whom? |  |
| Are Children & Family Services involved with/ supporting you (Y/N)? Please give contact details.  Are your children on a register? Which one? |  |
| Previous relationships including substance misuse problems and domestic violence |  |

**Employment and Financial Information**

|  |  |
| --- | --- |
| Please give a brief description of your work history and your usual occupation |  |
| Were you ever in the British Forces? (Y/N) |  |
| Are you currently employed? If not, when did you last work? |  |
| What are your sources of income, such as employment, pensions, welfare? |  |
| Do you currently have significant debts or outstanding bills? |  |

**Legal History**

|  |  |
| --- | --- |
| Please describe any criminal record - give dates of convictions and details of offences, including any violent crime: |  |
| Are you on probation? Please give details, including of your probation officer with contact details: |  |
| Have you any court cases pending? |  |

**Further Information**

|  |  |
| --- | --- |
| What areas do you think you need to work on? |  |
| Why do you want to stop drinking now? |  |
| Do you have any other problems, including other addictions? |  |

**Mount Carmel Equal Opportunities Statement**

**Mount Carmel wishes it to be known that it has an Equal Opportunities Policy. This means that**:

1. The organisation will seek to ensure equality of opportunity and treatment for all persons, including residents, day clients and the staff team.

2. No person or group of persons applying for treatment as a resident or day client or for a job, will be treated less favourably than any other person or group of persons because of their race, colour, ethnic or national origin or because of their religion, gender, physical disability, sexuality, marital status or HIV status.

3. To help it fulfil its commitment to equal opportunity, Mount Carmel will collect and monitor records of the ethnic origin of all those applying to it for treatment and all those interviewed for employment within the organisation.

4. In hiring contractors and other agencies to work for it, Mount Carmel will be mindful of its commitment to equality of opportunity.

5. In the composition and operation of its Management Committee, Mount Carmel will be mindful of its commitment to equal opportunity.

Reviewed May 2019

**Consent to PHE NDTMS**

*The following words are to be used by all treatment providers in written or oral form for the purposes of gathering consent from individual clients to share some treatment data with Public Health England (PHE).*

**What NDTMS is and does:** NDTMS is the National Drug and alcohol Treatment Monitoring System (NDTMS). It is used by PHE to collect information about drug and alcohol treatment in England. If you consent, your treatment service will share some of your treatment information with NDTMS.

**What information NDTMS uses and why:** PHE collects some personal information about people in treatment including your initials, date of birth, gender, the local authority area in which they live and the first part of your postcode. This reduces the risk of you being counted twice. This information is only shared with PHE if the people using treatment services agree and PHE never contact service users:

* your full name and address are NOT passed on to PHE
* no identifiable information held on NDTMS is passed on to the police or any other organisation
* your information is held on NDTMS to support ongoing trend and other research analysis\*

\* www.gov.uk/government/publications/confidentiality-guidance-for-drug-and-alcohol-treatment-providers-and-clients

The information is used to understand how many people are using these treatment services, how good the services are at helping people with substance misuse issues, to help improve them and produce statistics and research about drug and alcohol use and treatment. PHE never publish NDTMS information that could be used to identify individuals.

**How NDTMS will protect your information:** the security of the data you provide to NDTMS is of utmost importance and PHE staff are bound by law to protect the confidentiality of the information they collect and use. The personal information held is kept to a minimum and PHE makes sure that staff can only see the information that is required to do their job.

**Sharing and linkage of NDTMS information:** some information from NDTMS is cross referenced with data from other government departments and reports are sent back to them so that they can monitor the effectiveness of the national drug and alcohol strategies. Any data matching with other government departments is undertaken by PHE. At no point is your personal information shared with the police or any other organisation. In addition, sometimes you may be seen by more than one agency and to assist with treatment outcomes profiles (TOP), NDTMS may share TOP information about you between the agencies from which you may have received treatment.

**Withdrawal of consent:** if you do not want information about you to be passed on to NDTMS then you have the right to say this and/or ask for your treatment information at your current service to be removed. This will not have any impact on the treatment you receive. You can ask your service or your keyworker for a copy of the NDTMS patient information leaflet for more information.

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I consent to share my data with PHE NDTMS for the purposes set out above.

Service user name:

Service user signature: Date:

\* www.gov.uk/government/publications/confidentiality-guidance-for-drug-and-alcohol-treatment-providers-and-clients

PHE NDTMS Service User consent agreement May 2018

**Equal Opportunities Self Assessment**

Mount Carmel operates an equal opportunity policy, which aims to ensure that all job applicants, employees, residents and day clients are treated fairly and equally regardless of race, creed, disability, sex or sexual orientation. In order to satisfy ourselves that the policy is being carried out efficiently, we ask that you assist us to monitor the policy by completing this form.

Your reply will be confidential and will be used for monitoring purposes only. We would appreciate your co-operation in completing this form.

1. Please indicate the description that you feel is the most appropriate description of your ethnic origins.

White British ……… Indian ……..

White Irish ……… Pakistani ……..

Other White ……… Bangladeshi ……..

White & Black Caribbean ……… Other Asian ……..

White & Black African ……… Caribbean ……..

White & Asian ……… African ……..

Other Mixed ……… Other Black ……..

Other Chinese ………

1. Please indicate the description that you feel is the most appropriate description of your religion.

Bahá’í …… Sikh ……

Buddhist …… Zoroastrian ……

Christian …… Other ……

Hindu …… None ……

Judaism …… Declined to disclose ……

Muslim …… Pagan ……

1. Please indicate your sex: Male …….. Female ……

Declined to disclose ……………..

1. Are you registered disabled: Yes …… No ……

Declined to disclose …………

**NDTMS Self Assessment Form**

(For details of NDTMS, the National Drug Treatment Monitoring System, see Page 11)

We would appreciate your co-operation in completing this form, please indicate your consent by answering the following questions.

Please indicate by ticking which you feel is the most appropriate to your personal circumstances.

Alcohol/Drug Use over the past 28 days

a) Have you drunk alcohol Yes\_\_\_ No\_\_\_

b) Have you used drugs Yes\_\_\_ No\_\_\_

c) Have you ever been tested for the following:

Hep B Yes\_\_\_ No\_\_\_ When\_\_\_\_\_\_\_ Outcome\_\_\_\_\_\_\_\_\_

Hep C Yes\_\_\_ No\_\_\_ When\_\_\_\_\_\_\_ Outcome\_\_\_\_\_\_\_\_\_

d) Have you been vaccinated against Hep B Yes\_\_\_ No\_\_\_ When\_\_\_\_\_\_\_

i) If yes, was the course completed Yes\_\_\_ No\_\_\_

Are you HIV Positive? Yes\_\_\_ No\_\_\_

Sexual Identity

Please indicate which term would best describe your sexuality by ticking the one of the following:

a) Heterosexual \_\_\_

b) Gay \_\_\_

c) Bi-sexual \_\_\_

d) Don’t know \_\_\_

e) Not disclosed \_\_\_

Housing Status

Please indicate which term would best describe your housing situation by ticking the one of the following:

No Fixed Abode (homeless) – urgent housing problem \_\_\_

Housing problem \_\_\_

No housing problem \_\_\_